

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY -9 PM 12: 58

DOCUMENT # **M57811**

**1. Corporation Name**

Shore Holdings, Inc.

**2. Principal Office Address**

Charter One Bank, N.A.

**3. Mailing Office Address**

Charter One Bank, N.A.

Suite, Apt. #, etc.

1215 Superior Avenue

Suite, Apt. #, etc.

1215 Superior Avenue

City & State

Cleveland, Ohio

City & State

Cleveland, Ohio

Zip

44114

Country

United States

Zip

44114

Country

United States

**4. Date Incorporated or Qualified  
To Do Business in Florida**

August 21, 1987

**5. FEI Number**

16-1314230

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

C. Brooks Ricca, Jr.

Street Address (P.O. Box Number is Not Acceptable)

C. Brooks Ricca, Jr. & Associates, P.A.

Suite, Apt. #, Etc.

1209 North Olive Avenue

City

West Palm Beach

State

FL

Zip Code

33402-4888

800055189908

05/24/05 01045-021 \*\*135 .00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*C. Brooks Ricca, Jr.*

REGISTERED AGENT MUST SIGN

Date

4/29/05

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Thomas J. Hollister	71 S. Wacker Drive	Chicago, Illinois 60606
D	Patricia Wegrzyn	71 S. Wacker Drive	Chicago, Illinois 60606
D	Howard A. Eisenhardt	1215 Superior Avenue	Cleveland, Ohio 44114

800055189908

05/24/05--01045--022 \*\*8.75

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

*Howard A. Eisenhardt*

Howard A. Eisenhardt

4/15/05

(216) 566-0356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)